

ISSUE SLIP-STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		12/2/99
O.I.P.E. CLASSIFIER		43	12/8/99
FORMALITY REVIEW		7877	12/17/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1/02
2	✓	✓	1/1/02
3	✓	✓	2/1/02
4	✓	✓	5/1/02
5	✓	✓	5/1/02
6	✓	✓	5/1/02
7	✓	✓	5/1/02
8	✓	✓	5/1/02
9	✓	✓	5/1/02
10	✓	✓	5/1/02
11	✓	✓	5/1/02
12	✓	✓	5/1/02
13	✓	✓	5/1/02
14	✓	✓	5/1/02
15	✓	✓	5/1/02
16	✓	✓	5/1/02
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25	✓	✓	5/1/02
26	✓	✓	5/1/02
27	✓	✓	5/1/02
28	✓	✓	5/1/02
29	✓	✓	5/1/02
30	✓	✓	5/1/02
31	✓	✓	5/1/02
32	✓	✓	5/1/02
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41	✓	✓	5/1/02
42	✓	✓	5/1/02
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46	✓	✓	5/1/02
47	✓	✓	5/1/02
48	✓	✓	5/1/02
49	✓	✓	5/1/02
50	✓	✓	5/1/02

Claim	Final	Original	Date
51	✓	✓	5/1/02
52	✓	✓	5/1/02
53	✓	✓	5/1/02
54	✓	✓	5/1/02
55	✓	✓	5/1/02
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57	✓	✓	5/1/02
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64	✓	✓	5/1/02
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74	✓	✓	5/1/02
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76	✓	✓	5/1/02
77	✓	✓	5/1/02
78	✓	✓	5/1/02
79	✓	✓	5/1/02
80	✓	✓	5/1/02
81	✓	✓	5/1/02
82	✓	✓	5/1/02
83	✓	✓	5/1/02
84	✓	✓	5/1/02
85	✓	✓	5/1/02
86	✓	✓	5/1/02
87	✓	✓	5/1/02
88	✓	✓	5/1/02
89	✓	✓	5/1/02
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96	✓	✓	5/1/02
97	✓	✓	5/1/02
98	✓	✓	5/1/02
99	✓	✓	5/1/02
100	✓	✓	5/1/02

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
 staple additional sheet here

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